

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) BAYER-0015-P03								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Jacques DUMAS et al.</td> </tr> <tr> <td style="width: 60%; padding: 5px;">Application Number 09/777,920</td> <td style="padding: 5px;">Filed February 7, 2001</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">INHIBITION OF RAF KINASE USING QUINOLYL, ISOQUINOLYL OR PYRIDYL UREAS</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 1625</td> <td style="padding: 5px;">Examiner Rita J. Desai</td> </tr> </table>			In re Application of Jacques DUMAS et al.		Application Number 09/777,920	Filed February 7, 2001	INHIBITION OF RAF KINASE USING QUINOLYL, ISOQUINOLYL OR PYRIDYL UREAS		Group Art Unit 1625	Examiner Rita J. Desai
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INHIBITION OF RAF KINASE USING QUINOLYL, ISOQUINOLYL OR PYRIDYL UREAS										
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) </div> <div style="width: 15%; text-align: right;"> \$ _____ <u>\$490.00</u> \$ _____ \$ _____ \$ _____ </div> </div> <p><input checked="" type="checkbox"/> Applicant paid a One-Month Extension of Time on November 3, 2008. Therefore, the resulting fee is: \$ <u>360.00</u>.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____. </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ December 3, 2008 Date</p> </div> <div style="width: 45%; text-align: right;"> <p>_____ /Richard J. Traverso/ Signature</p> <p>_____ Richard J. Traverso, Reg. No. 30,595 Typed or printed name</p> </div> </div>										